| STATE OF UTAH  DEPARTMENT OF NATURAL RESOURCES  DIVISION OF OIL, GAS AND MINING |                          |  |                |   |  | FORM 3  AMENDED REPORT                                  |               |          |  |
|---|--------------------------|--|----------------|---|--|---|---------------|----------|--|
| APPLICATION FOR PERMIT TO DRILL   |                          |  |                |   |  | 1. WELL NAME and NUMBER<br>CWU 767-18                   |               |          |  |
| 2. TYPE OF WORK  DRILL NEW WELL REENTER P&A WELL DEEPEN WELL                    |                          |  |                |   | 3. FIELD OR WILDCAT NATURAL BUTTES   |   |               |          |  |
| 4. TYPE OF WELL  Gas Well Coalbed Methane Well: NO                              |                          |  |                |   |  | 5. UNIT or COMMUNITIZATION AGREEMENT NAME CHAPITA WELLS |               |          |  |
| 6. NAME OF OPERATOR  EOG Resources, Inc.  |                          |  |                |   |  | 7. OPERATOR PHONE<br>435 781-9111                       |               |          |  |
| 8. ADDRESS OF OPERATOR  1060 East Highway 40, Vernal, UT, 84078                 |                          |  |                |   |  | 9. OPERATOR E-MAIL<br>kaylene_gardner@eogresources.com  |               |          |  |
| 10. MINERAL LEASE NUMBER 11. MINERAL OWNERSHIP                                  |                          |  |                | _   | 12. SURFACE OWNERSHIP  |   |               |          |  |
| (FEDERAL, INDIAN, OR STATE) UTU0337   | FEDERAL INDIAN STATE FEE |  |                |   | FEDERAL INDIAN STATE FEE   |   |               |          |  |
| 13. NAME OF SURFACE OWNER (if box 12 = 'fee')                                   |                          |  |                |   |  | 14. SURFACE OWNER PHONE (if box 12 = 'fee')             |               |          |  |
| 15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')                                |                          |  |                |   |  | 16. SURFACE OWNER E-MAIL (if box 12 = 'fee')            |               |          |  |
| 17. INDIAN ALLOTTEE OR TRIBE NAME   |                          | 18. INTEND TO COMMINGLE PRODUCTION FROM                        |                |   |  | 19. SLANT   |               |          |  |
| (if box 12 = 'INDIAN')  |                          | MULTIPLE FORMATIONS  YES (Submit Commingling Application) NO ( |                |   |  | VERTICAL DIRECTIONAL HORIZONTAL                         |               |          |  |
| 20. LOCATION OF WELL  | FO                       | OTAGES   | QTR-QTR        | SECTI   | ON   | TOWNSHIP  | RANGE         | MERIDIAN |  |
| LOCATION AT SURFACE 602 FSL   |                          | SL 673 FWL   | SWSW           | 18  |  | 9.0 S   | 23.0 E        | S        |  |
| Top of Uppermost Producing Zone 602 F   |                          | SL 673 FWL   | SWSW           | 18  |  | 9.0 S   | 23.0 E        | S        |  |
| At Total Depth  | 602 FSL 673 FWL          |  | SWSW           | 18  |  | 9.0 S   | 23.0 E        | S        |  |
| 21. COUNTY UINTAH 22. DISTANCE TO NEARES  |                          |  |                | T LEASE LINE (Feet) 23. NUMBER OF ACRES IN DRILLING UNIT 2344 |  |   |               |          |  |
| 25. DISTANCE TO NEARES (Applied For Drilling or Co                              |                          |  |                | AME POOL  |  | <b>26. PROPOSED DEPTH</b> MD: 7250 TVD: 7250            |               |          |  |
| 27. ELEVATION - GROUND LEVEL  | 28. BOND NUMBER          |  |                |   | 29. SOURCE OF DRILLING WATER /<br>WATER RIGHTS APPROVAL NUMBER IF APPLICABLE |   |               |          |  |
| 5040  | NM2308                   |  |                |   |  | 49-225  |               |          |  |
|   |                          | АТ   | TACHMENTS      |   |  |   |               |          |  |
| VERIFY THE FOLLOWING  | ARE ATTACH               | ED IN ACCORCANO  | CE WITH THE UT | TAH OIL A   | AND G  | AS CONSERVATI   | ON GENERAL RU | LES      |  |
| WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER                      |                          |  |                | COMPLETE DRILLING PLAN  |  |   |               |          |  |
| AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)                 |                          |  |                | FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER             |  |   |               |          |  |
| DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY DRILLED)              |                          |  |                | TOPOGRAPHICAL MAP   |  |   |               |          |  |
| NAME Kaylene Gardner TITLE Regulatory Administrator                             |                          |  |                | PHONE 435 781-9111  |  |   |               |          |  |
| <b>SIGNATURE DATE</b> 09/25/2008  |                          |  |                | EMAIL kaylene_gardner@eogresources.com                        |  |   |               |          |  |
| API NUMBER ASSIGNED APPROVAL 43047501290000                                     |                          |  |                | Bacqill   |  |   |               |          |  |
|   |                          | Permit Manager   |                |   |  |   |               |          |  |

